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Claim Number	
Date Received	

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

(Please	print	or typ	e)
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		in Fidnication		
		DECEMBER 11, 2008		
(Please p	rint or	type)		
Name of	Custo	mer: Potamkin Family Foundation I, Inc.		
		ss: 130 Spruce Street, Suite 30B		
City: Pr	nilad	delphia State: Pennsylvania Zip): <u>19</u>	106
		-P0107-3-0 and 1-P0107-4-0		
Taxpayer	· 1.D. I	Number (Social Security No.): Redacted		
NOTE:	THE SHO PRO REC REC SUB LESS	ORE COMPLETING THIS CLAIM FORM, BE SURE TO ACCOMPANYING INSTRUCTION SHEET. A SEPA OLD BE FILED FOR EACH ACCOUNT AND, TO INTECTION AFFORDED UNDER SIPA, ALL CUSTOME EIVED BY THE TRUSTEE ON OR BEFORE March EIVED AFTER THAT DATE, BUT ON OR BEFORE JUJECT TO DELAYED PROCESSING AND TO BEING SAS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUTHED MAIL - RETURN RECEIPT REQUESTED.	RATE RECE R CL 1 4, uly 2, ATISE	E CLAIM FORM IVE THE FULL AIMS MUST BE 2009. CLAIMS 2009, WILL BE FIED ON TERMS
1.	Clain	n for money balances as of December 11, 2008 :		
	a.	The Broker owes me a Credit (Cr.) Balance of	\$	N/A
•	b.	I owe the Broker a Debit (Dr.) Balance of	\$	N/A
	C.	If you wish to repay the Debit Balance,		
	٥.	please insert the amount you wish to repay and		
		•		
		attach a check payable to "Irving H. Picard, Esq.,		
		Trustee for Bernard L. Madoff Investment Securitie	s LL(D. "
		If you wish to make a payment, it must be enclose	ed	
		with this claim form.	\$	N/A
	d.	If balance is zero, insert "None."		NONE
				4



Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

		YES	NO
a.	The Broker owes me securities	YES	
b.	I owe the Broker securities		NO
C.	If yes to either, please list below:		
			of Shares or ant of Bonds
Date of Transaction (trade date)	Name of Security See Itemized List of Security Set Forth on the Statement Bernand L. Madoff Investmedated November 30, 2008, complete copy of which is as Schedule I and incorpodity this reference.	t from_ ent Securities a true and attached heret rated herein	
	THE NET VALUE OF SECURIT \$3,467,880.96	IES OWED TO ME	ıs

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or information regarding any withdrawals you have ever made or payments received from the Debtor. See Itemized List of Deposits and Withdrawals, if any, attached hereto as Schedule II and incorporated herein by reference. Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received. PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

502180406

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	NO
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		NO
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		NO
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		NO
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	•	NO
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		NO
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	YES Bernard L 885 Third New York, (212) 230	Avenue NY 10022
9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.		NO
	Please list the full name and address of anyone ass preparation of this claim form: John P. Hickey, 130 Spruce Street, Ste 30B, Philadelph	Esquire	

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS 1 INFORMATION AND BELIEF.	FRUE AND ACCURATE TO THE BEST OF MY
Date 2/27/09	Signature Robert M. Potamkin, Co-Chairman
Date	Robert M. Potamkin, Co-Chairmar Signature
than a personal account, e.g., corporate	ared, all must sign above. Give each owner's name, nt of ownership on a signed separate sheet. If other orate, trustee, custodian, etc., also state your capacity rust agreement or other proof of authority.)

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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No Events

No Name History

Entity Name Search

Detail by Entity Name

Florida Non Profit Corporation

POTAMKIN FAMILY FOUNDATION I, INC.

Filing Information

Document Number N02000000753

FEI Number

030387456

Date Filed

01/30/2002

State

Status

ACTIVE

Principal Address

6600 COWPEN ROAD

200

MIAMI LAKES FL 33014

Changed 04/25/2006

Mailing Address

6600 COWPEN ROAD

200

MIAMI LAKES FL 3301-4

Changed 04/25/2006

Registered Agent Name & Address

HICKEY, JOHN ESQ

6600 COWPEN ROAD

MIAMI LAKES FL 33014 US

Name Changed: 04/25/2006

Address Changed: 04/25/2006

Officer/Director Detail

Name & Address

Title CHMN

POTAMKIN, ROBERT 6600 COWPEN ROAD MIAMI LAKES FL 33014

Title CHMN

POTAMKIN, ALAN H 6600 COWPEN ROAD MIAM! LAKES FL 33014

Annual Reports

Report Year Filed Date

2006 04/25/2006 2007 02/12/2007 2008 05/01/2008

SCHEDULE I
TO
CUSTOMER CLAIM
WITH RESPECT TO
BERNARD L. MADOFF INVESTMENT SECURITIES LLC
FILED BY POTAMKIN FAMILY FOUNDATION I, INC.
ACCOUNT NUMBERS 1-P0107-3-0 AND 1-P0107-4-0

SEE ATTACHED STATEMENT DATED NOVEMBER 30, 2008 FROM BERNARD L. MADOFF SECURITIES, LLC

NET VALUE OF SECURITIES OWED TO CLAIMANT IS AS FOLLOWS:

Market Value of Securities Long Market Value of Securities Long Market Value of Securities Short

\$3,518,200.96 \$ 122,100.00 (\$ 172,420.00)

\$3,467,880.96

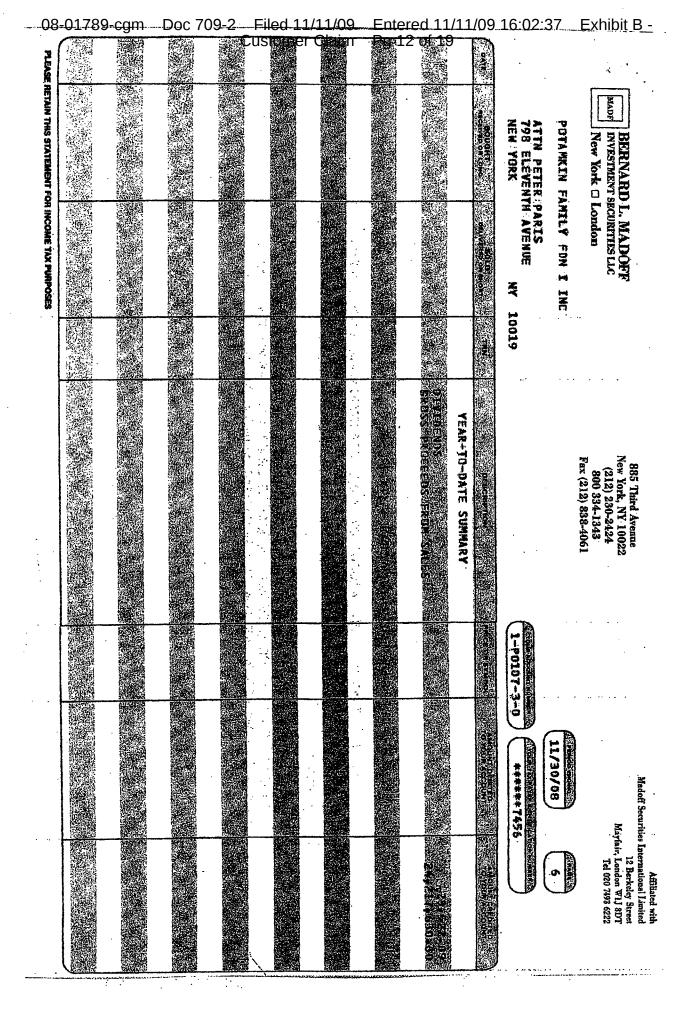
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Affiliated with Madoff Securities International Limited 12 Berkeley Street Mayfair, London W1J 8DT Tel 020 7493 6222		885 Third Avenue New York, NY 10022 (212) 230-2424 800 334-1343 Fax (212) 838-4061		;	ADOFF HES LLC	BERNARD L. MAI INVESTMENT SECURITIES New York London	

				H INCOME TAX PURPOSES	PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES
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		17-340	COMCAST CORP		2,664
		79-010	CHEVRON CORP		1,850 5,402
		52-390 58-540	ABOTT: LABORATORIES AMSENITHE:		5,234 1,406 962
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Please retain this statement for income tax purposes		250*000	7,030 3,552 3,554 1,850 2,654 7,960	222 2,220 2,120 3,123 3,230 3,330 2,442 2,442	BERNARD L. MAINADE INVESTMENT SECURITIE New York London POTAMKIN FAMILY ATTN PETER PARIS 798 ELEVENTH: AVEN NEW YORK
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					Madoff Securities International Limited 12 Berkeley Street 12 Berkeley Street 13 BDT Tel 020 7493 6222 *******7456

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							OF SECONTITES	RESTRICTO C. I			885 Third Avenue New York, NY 19022 (212) 230-2424 800 334-1343 Fax (212) 838-4061
								32.650 55.880	1-00107-3		
										11/30/08 5	Madoff Securi
									56	5	Affiliated with Madoff Securities International Limited 12 Berkeley Street Mayfair, London W.I. BDT Tel 020 7493 6222



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PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PLAPOSES				74					PETER PARIS ELEVENTH AVENUE YORK NY	MILY FON I INC	BERNARD L. MADOFF INVESTMENT SECURITIES LLC New York C London
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			6073 - 3 - 3	273,726-00				234,576-00	6		Madoff Securities International Limited 12 Berkeley Street Mayfair, London W1J 8DT Tel 020 7493 6222

SCHEDULE II TO CUSTOMER CLAIM WITH RESPECT TO BERNARD L. MADOFF INVESTMENT SECURITIES LLC FILED BY POTAMKIN FAMILY FOUNDATION I, INC.

SEE ATTACHED CONFIRMATIONS
OF DEPOSITS TO AND WITHDRAWALS FROM THE ACCOUNT.

ACCOUNT NUMBER 1-P0107-3-0 AND 1-P0107-4-0

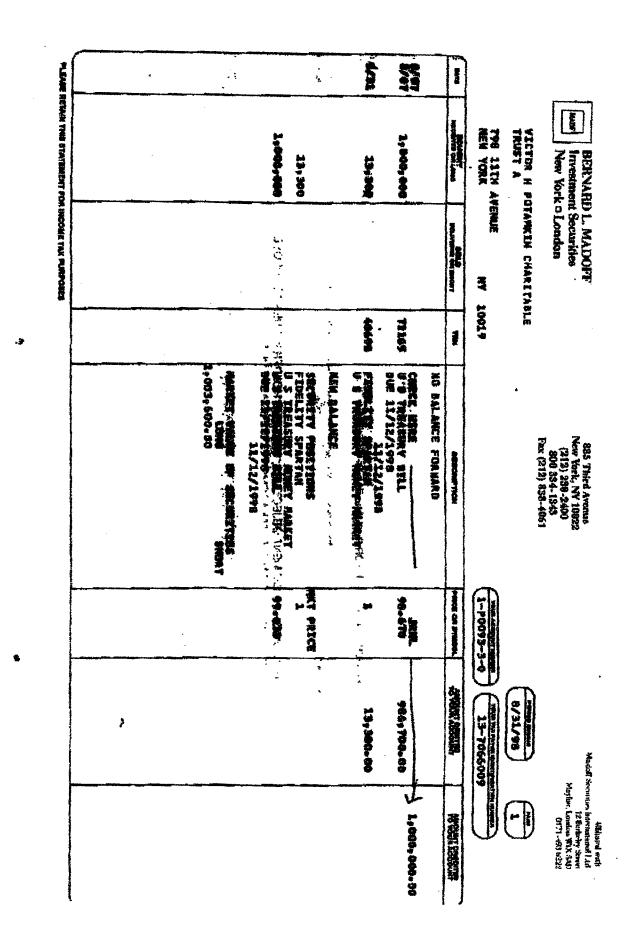
DEPOSITS

1998(1) \$1,000,000 2000(2) \$1,000,000

WITHDRAWALS

2007(1)	\$150,000
2007(2)	\$150,000
2007(3)	\$125,000
2008(4)	\$150,000
2008(5)	\$150,000
2008(6)	\$250,000
2008(7)	\$175,000
2008(8)	\$100,000
2008(9)	\$275,000
2008(10)	\$150,000
2008(11)	\$125,000

DEPOSITS SIGNIFICANTLY EXCEED WITHDRAWALS





Previous on List Next on List

Return To List

No Events

No Name History

Entity Name Search

Detail by Entity Name

Florida Non Profit Corporation

POTAMKIN FAMILY FOUNDATION I. INC.

Filing Information

Document Number N02000000753

FEI Number

030387456

Date Filed

01/30/2002

State

FL

Status

ACTIVE

Principal Address

6600 COWPEN ROAD

MIAMI LAKES FL 33014

Changed 04/25/2006

Mailing Address

6600 COWPEN ROAD

MIAMI LAKES FL 3301-4

Changed 04/25/2006

Registered Agent Name & Address

HICKEY, JOHN ESQ 6600 COWPEN ROAD

200

MIAMI LAKES FL 33014 US

Name Changed: 04/25/2006

Address Changed: 04/25/2006

Officer/Director Detail

Name & Address

Title CHMN

POTAMKIN, ROBERT 6600 COWPEN ROAD MIAMI LAKES FL 33014

Title CHMN

POTAMKIN, ALAN H 6600 COWPEN ROAD MIAMI LAKES FL 33014

Annual Reports

Report Year Filed Date

2006

04/25/2006

2007

02/12/2007

2008

05/01/2008

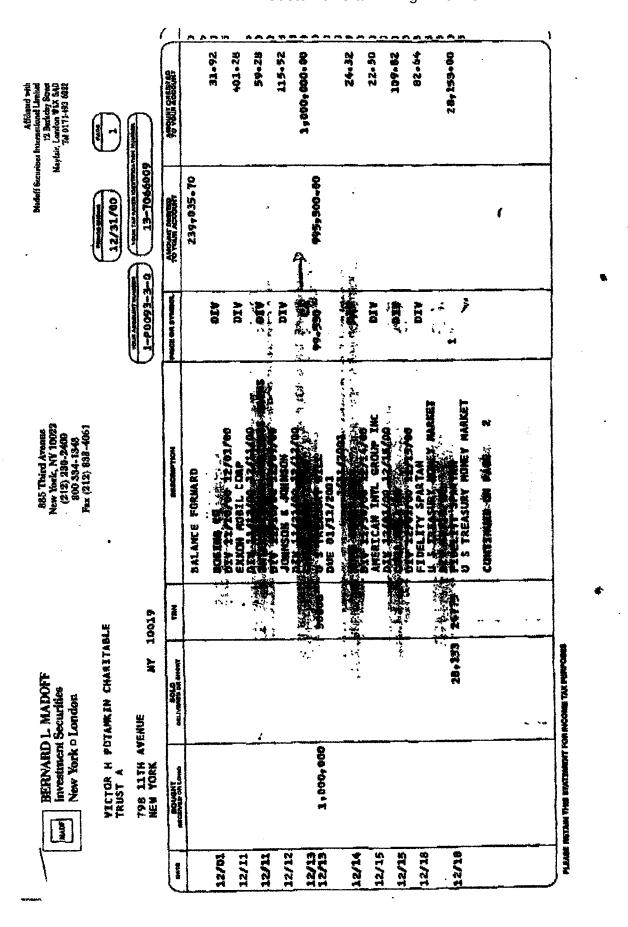


EXHIBIT A TO CLAIM FORM OF POTAMKIN FAMILY FOUNDATION I, INC., ACCT. NO. 1PO107

- 1. The Claim Form and supporting documentation (collectively "Claim Form") was submitted pursuant to the December 23, 2008 Order of the Honorable Burton R. Lifland and the instructions disseminated by Irving H. Picard, Trustee for Bernard L. Madoff Investment Securities LLC ("Trustee"), on December 11, 2008.
- 2. The information provided in the Claim Form is based on information provided in the Claimant's latest Madoff account statement and additional information known by the Claimant as of the date of the submission of the Claim Form. The Claimant reserves the right to amend and/or supplement this Claim Form upon the receipt of further information, or upon request by the Trustee for additional information.
- 3. The Claimant reserves the right to amend the Claim Form in the event of any recoveries by the Trustee or any other party under the avoidance powers of the Bankruptcy Code or otherwise, or in the event of rejections of executory contracts pursuant to Bankruptcy Code Section 365, whether such amendments are made pursuant to Bankruptcy Code Sections 105, 502(g), or 502(h), Bankruptcy Rule 3002(c)(3), (4), other provisions of applicable bankruptcy law, or general principles of law or equity.
- 4. The Claimant hereby requests that the Claim Form additionally be considered as a proof of claim, as a general creditor or otherwise, in *In re Bernard L. Madoff Investment Securities LLC*, No. 08-01789 (Bankr. S.D.N.Y.).
- 5. The Claim Form was required to be submitted pursuant to the Court's January 2, 2009 Order and the Trustee's instructions to the Claimant. To the extent permitted by applicable law, the Claimant does not, by submitting the Claim Form, consent to the jurisdiction of the Bankruptcy Court nor does the Claimant waive any right to trial by jury.
- 6. The Claimant reserves all rights, claims, and/or defenses as to and/or against any and all parties potentially liable for the losses sustained by the Claimant, including, without limitation, Bernard L. Madoff Investment Securities LLC and its owners, partners, employees, and affiliates, as well as any potentially liable third parties including, without limitation, investment advisors, "feeder funds," accountants, and auditors.
- 7. The Claimant further reserves all rights, claims, and/or defenses as to and/or against any persons and/or creditors asserting claims against Bernard L. Madoff Investment Securities LLC, its employees, owners, and/or affiliates, in bankruptcy or otherwise.

- 8. The Claimant reserves all objections as to the competence, relevance, materiality, privilege, or admissibility of evidence in any subsequent proceeding or trial of this or any other action for any purpose whatsoever, notwithstanding the submission of any such information to the Trustee.
- 9. To the extent the Claimant has disclosed to the Trustee documents containing accounting and/or legal advice, the Claimant does not waive any potential privileges applicable thereto.
- 10. The Claimant reserves all rights with respect to submitting information to the Internal Revenue Service regarding gains, losses, and/or theft of assets.
- 11. The Claim Form and supporting documentation contain confidential information. The Claimant has submitted this information to the Trustee subject to the condition that this information will not to be disclosed to any third parties, other than under seal to the Court, absent the Claimant's express consent or Court order.
- 12. To the extent the BMIS account for which this Claim Form was submitted contains or purports to contain funds from a "predecessor" or other BMIS account, the Claimant reserves all rights, claims, and defenses as to any such predecessor or other BMIS account. To the extent necessary or appropriate, the Claim Form is likewise submitted as a claim for and on behalf of any such predecessor or other BMIS account.
- 13. The Claimant submitted documents in support of the Claimant's claim. The Claimant reserves any arguments that such documents are not relevant to the Trustee's inquiry. The Claimant further reserves the right to supplement the submission, including the submission of additional documents, if deemed necessary.

Please send all correspondence to:

Matthew A. Kupillas Milberg LLP One Pennsylvania Plaza New York, NY 10119 Phone: (212) 613-5697 Fax: (212) 273-4331

Attorney for Potamkin Family Foundation I, Inc.